

Bi-Weekly BDDS Meeting for Case Managers and Providers July 29, 2020



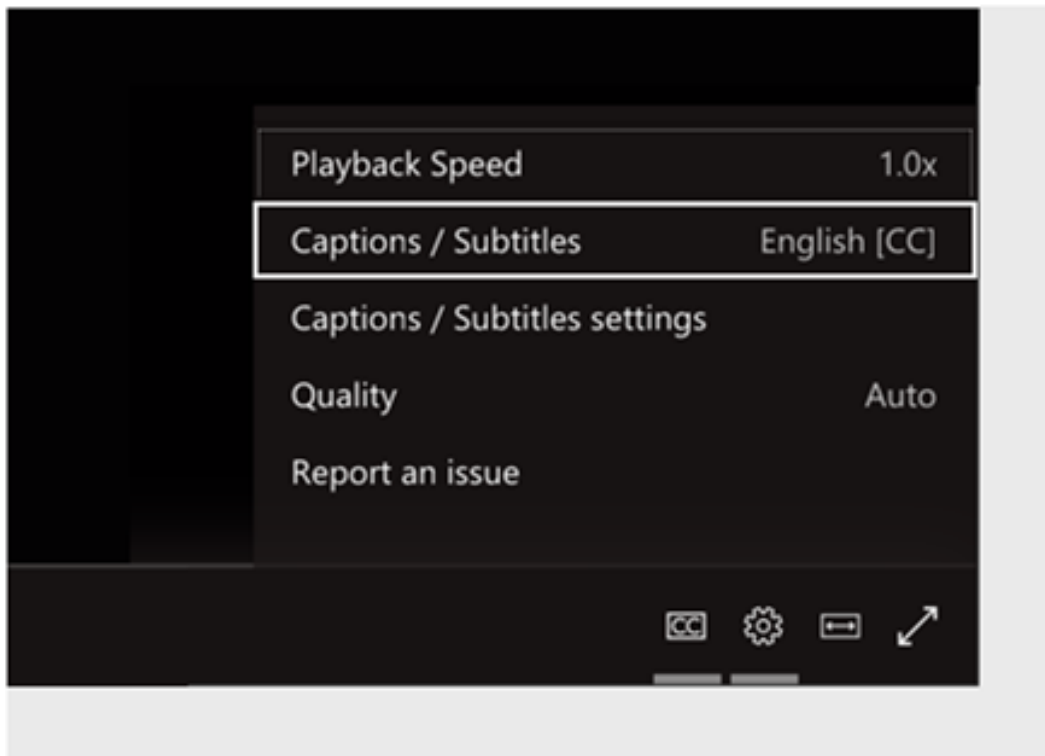
Before We Get Started...



How to Use Live Captions

To turn on live captions and subtitles, select **Captions/Subtitles On**  in your video controls.

To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





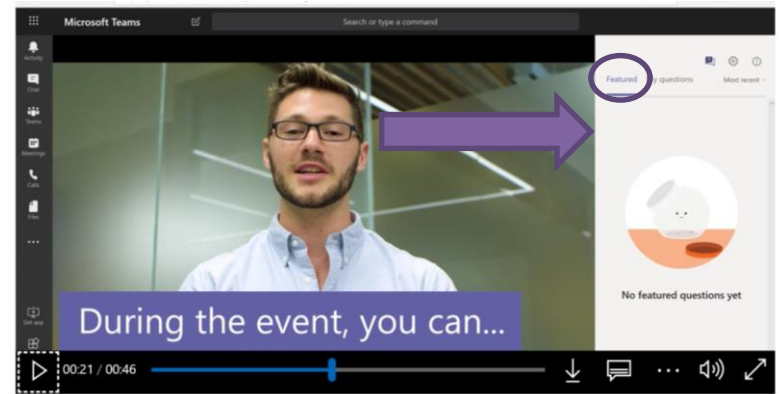
How to Ask a Question

- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.



How to Sign-In for Today's Meeting

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.



Welcome and Today's Agenda

- Introductions
- DDRS Goals
- COVID-19 Data Update
- COVID-19 Testing
- COVID-19 Challenges and Opportunities
- COVID-19 Communication Strategies
- IHCP Telemedicine Communication
- Statewide Mask Mandate
- Survey Reminder
- Scenarios



DDRS Goals for COVID-19 Efforts

Help prevent the spread of COVID-19 and keep people alive

Operationalize flexibilities

Provider network maintained

Empower person-centered decision-making for self-advocates, families, case managers, and providers

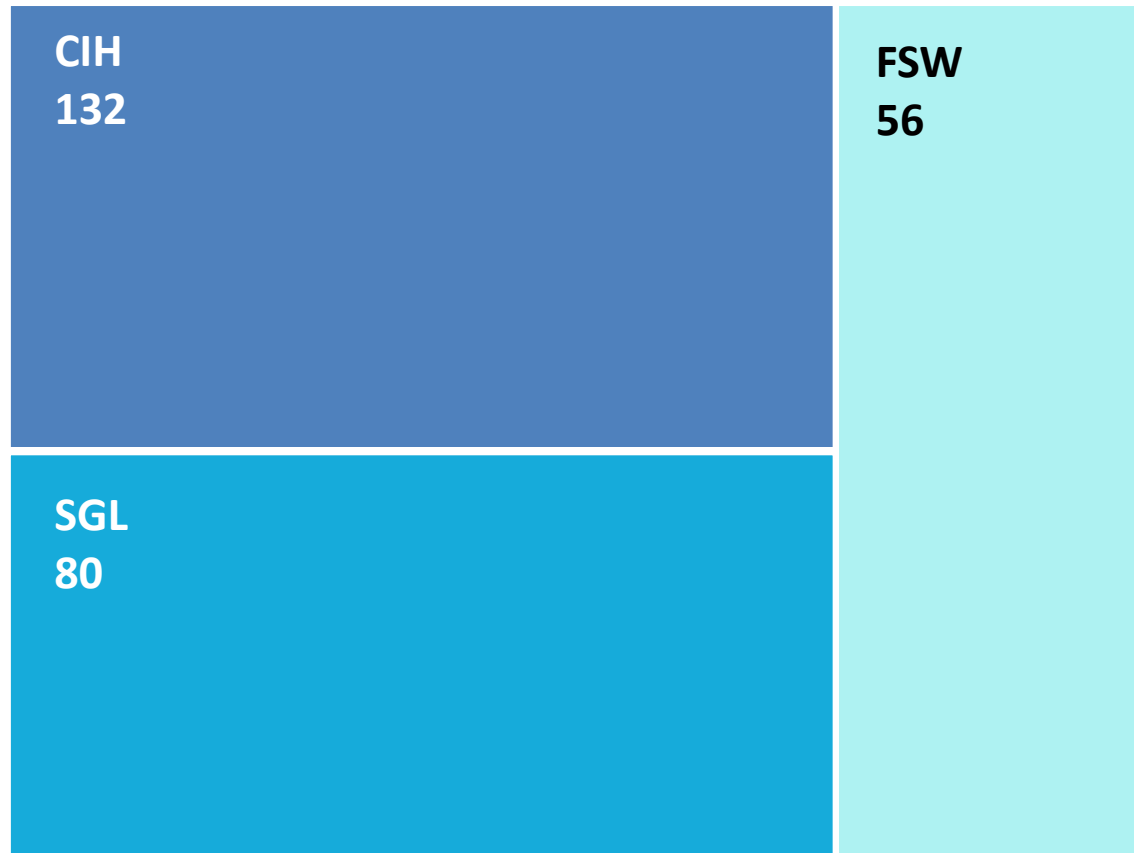


Image by: McChrystal Group & NASDDDS



COVID-19 Data:

Total Number of BDDS COVID Positive Cases

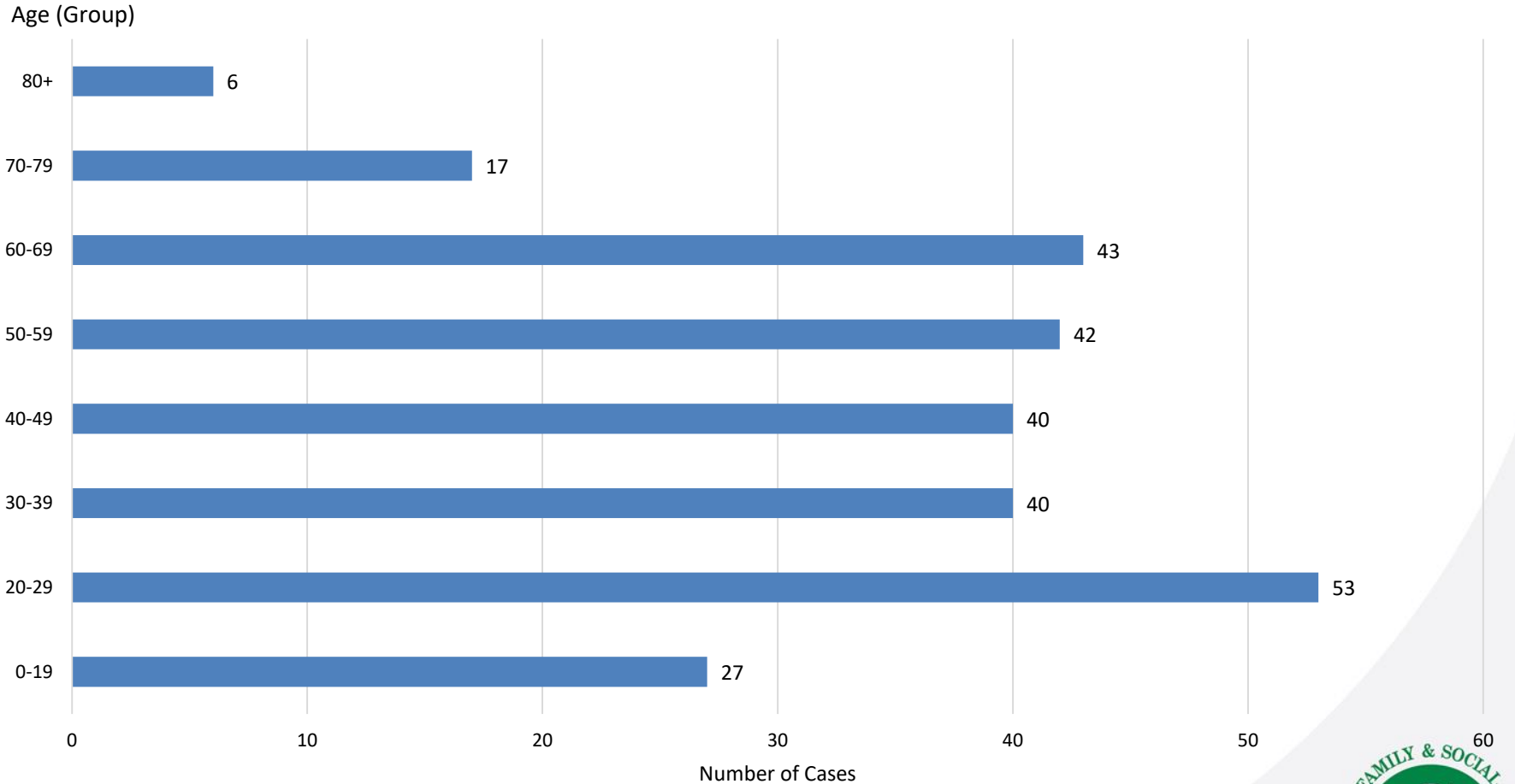


Total Cases: 268
Total COVID-Related Deaths: 14



COVID-19 Data:

Age Among Unique COVID Positive Cases



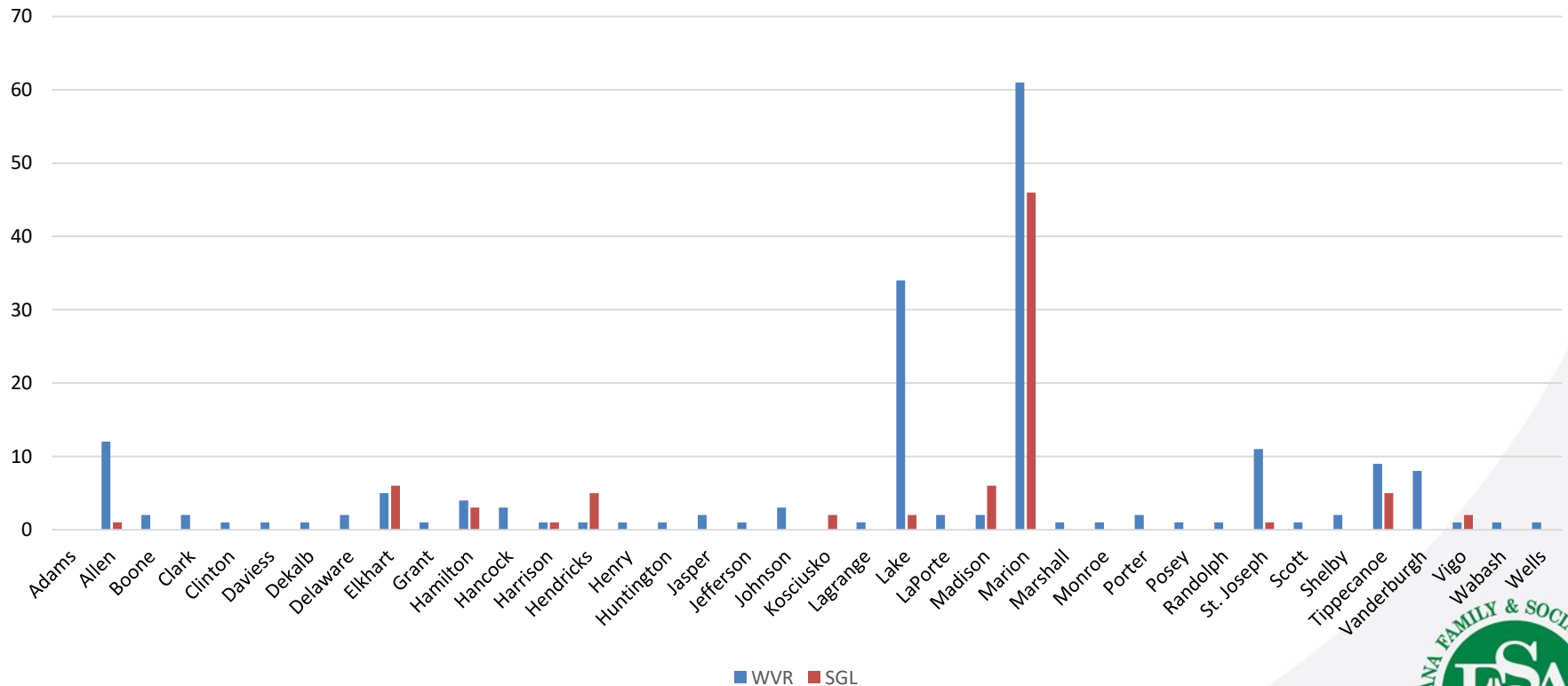
COVID-19 Data: Positive Cases by County & Funding Type

Positive Individual Cases

by County/Funding Type

Total Cases = 268

Data as of 7/26/2020



COVID-19 Testing Tips

- If staff need testing, encourage them to go to either one of ISDH's drive thru sites or an Optum testing site.
- The drive thru sites seem to have the better turnaround time, but have more limited locations.
 - To find drive thru sites, go to the [ISDH COVID testing page](#) and in the search bar type - ISDH Drive Thru
- For Optum sites, even if they are booked for appointments, the sites are still accepting walk-ins.
 - If it is an armory site, it is recommended individuals try a walk-in before noon to avoid closure concerns due to heat/lack of a/c.
 - They can also register online or over the phone in advance (without having to pick an appointment time) to save time when they walk-in.
- These sites prioritize healthcare workers so staff should be sure to advise that they work in a congregate residential setting.



COVID-19 Related Challenges and Opportunities

- Challenges

- As of 7/1/20 BDDS will not be reopening the caregiver supports application process.
 - Impacts approximately 60 individuals annually
 - BDDS will continue to work with advocacy groups and partners to identify and connect individuals and families with potential resources.
- As of 8/14/20 BDDS will not be reimbursing providers for community or facility based sheltered work.
 - Impacts approximately 260 individuals annually

Does not impact supported-employment follow-along services or OBRA services



COVID-19 Related Challenges and Opportunities

- Opportunities
 - Case managers and providers have the opportunity to help individuals and families reimagine the possibilities for achieving their good life
 - Individuals and families have the opportunity to explore new experiences that increase their skills, build social capital and enhance self-determination



Opportunities Example

Due to changes in state line funding, a sheltered work provider has chosen to close their program which impacts an individual's use of prevocational services.

The case manager, individual and family begin to work through opportunities and experiences available that moves towards the vision of a good life.



Opportunities Example - Reimagine the possibilities

Trajectory: Revisit their vision of a good life. What has changed? What remains the same? What have we lost focus on?

Integrated Supports Star: Use the star to think of all the experiences and opportunities that currently exist or could be put into place to propel the individual towards their good life





INTEGRATED SUPPORTS STAR



COVID-19 Policies & Communication Strategies

- Providers should have a policy in place on communicating to the team when a staff member, individual, housemate or family member who lives in the home have been exposed, tested and received a positive test result.
- That communication should include the action taken to minimize further exposure to any essential worker who may be entering the home which includes the staff, therapists and case manager.



COVID-19 Policies & Communication Strategies

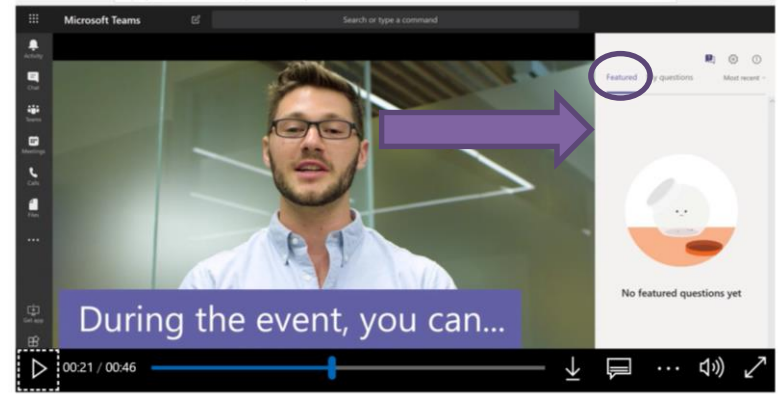
- Communication should also include any action taken to minimize exposure to housemates and visitors.
- All team members are encouraged to openly communicate with each other on a regular basis on symptoms, possible exposures and testing being done or completed.





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IHCP Telemedicine Communication

- Indiana Health Coverage Programs (IHCP) will keep the telehealth flexibility in place through the end of the public health emergency (applicable to doctors, non-waiver therapists, etc.)
- Office of Medicaid Policy and Planning (OMPP) will continue to evaluate the benefits of telemedicine and will announce any temporary or permanent changes.
- DDRS/BDDS is currently evaluating Appendix K flexibilities, including telehealth, and will announce more soon.



Statewide Mask Mandate

Executive Order 20-37

- Currently effective July 27, 2020 - August 26, 2020
- Every individual wears a face covering over nose and mouth when:
 - Inside a business, public building or indoor place open to the public.
 - In an outdoor public space when unable to maintain six feet social distancing
 - Using public transportation



Statewide Mask Mandate

Executive Order 20-37

- Some exemptions include:
 - Children under 8yr
 - Any person with a medical condition, mental health condition or disability which prevents wearing a face covering
 - Any person who is deaf or hard of hearing, or communicating with a person who is deaf or hard of hearing, where the ability to see the mouth is essential for communication



Statewide Mask Mandate

Executive Order 20-37

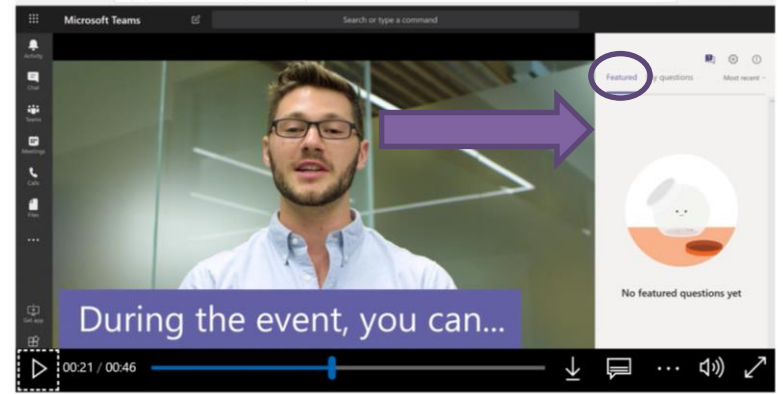
- Providers and case manager should work with the individual and team to ensure that all precautionary recommendations and guidance from local, state and federal authorities are followed to the extent possible.
- Decisions should be individualized
- There should be no blanket restrictions





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Reminder

BQIS Statewide Perspectives on Practices Anonymous Survey

- Available for case managers, providers and direct support professionals
- Open until July 31, 2020
- Visit DDRS announcement page for links



Scenario #1: Billy

Billy is a 23 year old on the CIH waiver who lives alone in an apartment. Prior to the pandemic, Billy had RHS, Facility Hab, CHIO, and Recreational Therapy on his plan. His typical week included 3 days of Facility Hab, two days of CHIO, and recreational therapy once a week where he enjoyed bowling on a league. He has RHS staff come into his home from 4:00 pm to 10:00 pm daily.

During the pandemic, Billy's day service provider closed their facility and his Rec Therapist stopped providing the services in person. Billy was allowed to continue with his services under the Appendix K flexibility that allowed for telemedicine. As the state has moved through the stages of reopening, his day service provider and Recreational Therapy provider have communicated that they will begin providing in-person services in August with strict plans in place for protections in order to minimize risk of COVID-19. Noting the Appendix K Flexibilities are due to end on August 31st, Billy and his team meet to discuss how his services will look going forward.



Scenario #1: Billy

Billy's Rec Therapist indicates in order to safely resume his bowling league, Billy will be required to wear a mask, practice social distancing and frequently use hand sanitizer and wash his hands. His day service provider has similar precautions in place in addition to a well check upon arrival that includes a health assessment and temperature check. After explaining to Billy the requirements in order to return to his services, Billy indicates he is ok with all of the requirements except wearing a mask. He doesn't like the feeling of wearing one and doesn't think he should have to. The case manager advises Billy that if he wants to return to his activities he will be required to wear a mask in addition to the other precautions. Billy remains firm in his refusal to wear a mask.



Scenario #1: Billy

The team discusses with Billy the requirements not just for his services, but in the public in general as Billy resides in Indiana, which has issued a state wide mandate that requires wearing a mask in public places, including outside if social distancing is not possible. Billy understands but still does not want to wear one. The case manager used the Integrated Supports Star to assist Billy in coming up with a solution that he would be comfortable with as they transition away from the Appendix K flexibilities.

Personal Strengths & Assets: Billy is independent and a strong advocate for himself. He knows it is his choice as to whether or not he wears a mask and how refusing to wear one will limit his choice in services and community involvement.



Scenario #1: Billy

Technology: Billy has a cell phone and home computer. Billy has been keeping in touch with his family and friends through social media and phone calls. His Rec therapist and Day Service provider had been providing tele-medicine, which he enjoyed, but is aware may go away soon. Billy enjoys using the computer and has indicated an interest in joining some free online classes during the day. The team also shows Billy different type of face coverings such as bandana style and different designs that he might like.

Relationships: Billy is close to his mom and dad and sees them often. Since the pandemic, they have assisted Billy in getting groceries and helping around the house when needed. His parents will model for Billy and reinforce for him the importance of wearing a face covering.



Scenario #1: Billy

Community Based: Billy is familiar with his neighborhood and frequently takes walks in the fresh air. The team advises Billy that he does not have to wear a mask when he does this, but does need to practice social distancing and does not go into any homes or buildings.

Eligibility Specific: Waiver services – Day Habilitation (Previously Facility Hab and CHIO), Recreational Therapy and Case Management. The team discusses the hours he would normally go to facility hab or utilize CHIO. It was discussed that Billy could remove those hours and add additional RHS or Remote supports to his plan. He would not be able to utilize day services until he agreed to wear a mask or the restrictions are lifted. His RHS provider would also be unable to take Billy shopping or to other indoor places such as the library or the coffee shop in the community until he agrees to wear a mask.



Scenario #1: Billy

Billy listens to all of his options and with the assistance of his team weighs the pros and cons. Knowing it is ultimately Billy's choice on whether or not he will wear a mask to partake in certain activities, the team explores what his day will look like and the limitations he will experience as long as he is not agreeing to wear a mask. Billy does not want to add remote supports into this plan, but would like some extra RHS hours added to keep him company and assist him during the afternoons into the evening. His RHS staff will assist him in ordering his groceries online for curbside pickup, signing up for some online classes and helping Billy plan out his days around the current mandates. His team will continue to encourage Billy to reconsider his choice of wearing a mask so he can fully participate in his prior activities, but until then respect his choice and look for ways to ensure he is still living his good life.

His case manager will follow up with Billy bi-weekly to see how things are going and see if he has changed his mind about wearing a mask and returning to services or if he needs any additional supports through this time.



Scenario #2: Emma

Emma is 9 years old and on the FSW receiving PAC, Respite and Music Therapy. During the public health emergency, Emma's music therapist was not doing in-person therapy sessions but continued to provide sessions via telemedicine which has worked well. In addition, her provider of PAC and Respite temporarily suspended services therefore she was able to utilize the Appendix K flexibility that allowed for her mother to be her direct support professional of PAC. As the state has moved through the stages of reopening, her PAC provider and Music Therapy provider have communicated that they will begin providing in-person services in August.



Scenario #2: Emma

Emma's mother has some concerns about allowing staff and therapists back into the home because Emma has severe Asthma. Emma's mother discussed these concerns with her case manager. The case manager advised Emma's mother that the Appendix K flexibilities that allow for music therapy to be provided via telemedicine and allow her to be Emma's paid caregiver are only good until August 31, 2020. The case manager used the Integrated Supports Star to assist Emma's mom in coming up with a solution that she would be comfortable with as they transition away from the Appendix K flexibilities.

Personal Strengths & Assets: Emma is a very active and socially engaging little girl. Her family has a backyard where Emma has a swing set and a garden that she enjoys helping with. Emma loves one on one attention and can be easily motivated when she is engaged with in a fun positive way.



Scenario #2: Emma

Technology: Emma doesn't tolerate a cloth face mask very well so the case manager and mom discussed trying a bandana face covering that doesn't feel as heavy and tight. They also discussed the possibility of trying a face shield. Mom will begin to work with all the options of face coverings and practice with Emma to find one that works well with her. Because of Emma's social nature, social distancing can be tough for her so the case manager and mom brainstorm ways to secure hand sanitizer and disinfecting wipes. They also discuss using social stories to reinforce ideas for social distancing.

Relationships: Mom and case manager discuss if there are family members or friends that mom would feel more comfortable having as Emma's staff. Emma is very close to her aunt who lives in the same town. Mom and the case manager discuss approaching the aunt to see if she would be interested in serving as the DSP for PAC and Respite until mom feels more comfortable having her previous staff re-enter the home.



Scenario #2: Emma

Community Based: Mom and the case manager discuss the possibility of doing music therapy in the backyard where the risk of exposure is lessened. They also discussed the possibility of going to the park for music therapy.

Eligibility Specific: Mom and the case manager discussed adding behavior supports to Emma's plan so that mom can work with a behaviorist to address some of the concerns of Emma being able to wear a mask and understanding social distancing.

Through this discussion mom feels more comfortable in having a plan to transition away from the Appendix K flexibilities in a way that keeps Emma healthy and supported.



Scenario #3: Raymond

Raymond lives in an apartment by himself with 40 hours per week of residential services through the CIH waiver. Raymond is 65 years old and has COPD. Because of the COPD, Raymond has been self-isolating in order to reduce his risk of exposure to COVID-19.

Raymond lives in a small community in southern Indiana. He is retired and likes routine. Prior to the pandemic, he spent his days out and about in his community. Most of the people in his community know of Raymond and are friendly to him. While many know him, he has a small but close circle of friends for whom he cares very deeply.



Scenario #3: Raymond

Raymond and his friends typically meet at the local diner every day for lunch. He misses going out to his favorite diner, seeing his friends, and seeing the other 'regulars' there. He is lonely and sad because he misses his routine and his friends and acquaintances. When Raymond is sad or frustrated, he often appears or acts as though he is angry. He has been working with a BC for a number of years to help him recognize his feelings and express them in a constructive manner.



Scenario #3: Raymond

Raymond began receiving BMAN and RH Services via telemedicine because of the pandemic. The RH Services have been a combination of virtual and in-person. The in-person RH services have been provided by one staff who lives just about a mile from Raymond who has also been self-isolating because he has health conditions. This DSP has only worked with Raymond and they have spent their time together ordering groceries through click-list, doing curbside pick-up of Raymond's medications, setting up his meds, and meal prep for the week. This DSP often takes puzzles to Raymond or they play board games. RH services have been provided virtually utilizing Raymond's iPhone and FaceTime. This time has been spent providing verbal prompts for home care/chores such as laundry.



Scenario #3: Raymond

Raymond has been meeting with his BC via FaceTime every Tuesday. This time has been spent talking about Raymond's week and any concerns he has. They talk about things that make him happy and things that frustrate him. Raymond consistently expresses that he misses going out into the community. They talk about other ways to connect with his friends and Raymond has made progress with using his iPhone more to stay in touch with friends. However, sometimes Raymond hangs up on the BC because he doesn't want to talk about how he feels but instead wants COVID to just go away.

Raymond recently called his case manager and said he is tired of staying home. He said he wants to resume in-person services and he wants to resume his routine of being out and about in his community. The case manager asked if Raymond would be willing to have an IST meeting to talk about what he wants and how the team can help. He agreed so the case manager arranged an IST meeting for later in the week.



Scenario #3: Raymond

Raymond, with some support from his case manager, facilitated his IST meeting. He told participants that he is tired of staying home and wants to resume “his life.” Raymond showed the IST the Life Trajectory he completed with assistance from his case manager at his last annual meeting. His vision for his good life is to continue his friendships with his small circle of friends; to be ‘in’ his community every day; to have plenty of food; to have enough money to get what he needs and still be able to afford to eat at the diner each day; to continue to live at his current home; and to not get mad at people. Raymond reminded his team that what he doesn’t want is to sit in his house all day and not see other people. He does not want to be lonely and he doesn’t want to be mad. Right now, Raymond feels mad a lot of the time.



Scenario #3: Raymond

The team saw how much Raymond's friends and community mean to him so they, with the assistance of the case manager, focused on how to help Raymond have his good life in as safe a manner as possible. The team suggested that the residential provider contact his physician and get a medical opinion. Raymond said he did not want to ask his doctor because he knew his doctor would recommend he continue to stay at home and this is not what he wants. The team discussed the fact that the local area has a very low infection rate and is not a place that sees many visitors from outside the community. The team discussed precautions that can be taken by Raymond when in the community such as the use of a mask and hand sanitizer. The team also discussed social distancing. Raymond noted that he does not have a mask or hand sanitizer. The residential provider agreed to secure surgical masks and hand sanitizer for Raymond. The case manager has been making cloth masks for friends and family and will make two for Raymond to use as well.



Scenario #3: Raymond

Raymond wants to continue working with the DSP that has been helping with obtaining groceries, etc. He stated he is willing to continue to do grocery shopping and medication ordering and pick-up utilizing click-list and curbside. The residential provider is unsure if the DSP with health issues will be able to continue supporting Raymond at this time if he is 'out and about' in the community. Raymond said that he understands if there needs to be a different DSP but would like it to be someone he has worked with before.

Raymond agreed to employ all precautions and to give the residential provider and case manager a week to gather the supplies. Raymond also agreed to contact his physician himself and talk with him about getting back out into the community. He agreed to let the BC join the call and to let the case manager know how that call goes. Raymond also said he is not sure how far apart six feet really is. It was agreed that DSP's will work with him on practicing social distancing of 6 feet.



Scenario #3: Raymond

Raymond and his BC called his physician the next day. Raymond, with some help from his BC, explained that he is really lonely and sad and wants to go out in the community more. Raymond's doctor explained the risks for him and what could happen if he contracted COVID-19. Raymond became angry stating he hated his life right now and that he didn't care what the doctor thought. The BC explained for the doctor that Raymond is feeling isolated, lonely, and sad and that it has become a quality of life issue for Raymond. Raymond's physician stated understanding and said that if Raymond understands the risks and is willing to wear a mask when he leaves his home, that Raymond can make his own decision. Raymond thanked the doctor and hung up.

Raymond and a DSP have been practicing social distancing and wearing masks as well as discussing when and how to use the hand sanitizer.



Scenario #3: Raymond

Raymond and his BC have gone out into the community on a “trial run” to work on maintaining social distance and not falling into his pattern of shaking hands with others.

Raymond has resumed many of his activities in the community. He has returned to going to the local diner every day for lunch. While he doesn't see all of his friends because some of them are not going to the diner right now, he is seeing his favorite server and enjoying his favorite club sandwich and fries!





- The Next BDDS Meeting for Case Managers and Providers is scheduled for **August 12th** from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement.
- BDDS / BQIS Questions:
BQIS.Help@fssa.in.gov

